

HILLSBORO POLICE DEPARTMENT

AUTHORITY FOR RELEASE OF INFORMATION

Last Name, First Name, Middle Name

Social Security Number

Street Address

City, State, Zip Code

Place of Birth: City, County, State, Country

Date of Birth

Sex

I, _____, state that I have applied for a position with the Hillsboro Police Department and do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Hillsboro Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed against me and all documentation related to such complaints, and salary records; real and personal property tax statements and records, and other financial statements wherever filed; records of complaint, arrest (which may or may not be relevant depending on all the circumstances), trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

My intent in providing this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Hillsboro Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Hillsboro Police Department. I understand that all materials pertaining to this background investigation become the property of the Hillsboro Police Department and will not be returned to me. I also waive any right I may have to review information compiled concerning me and authorize the Hillsboro Police Department to promise confidentiality to those who are contacted.

I AGREE TO INDEMNIFY AND HOLD HARMLESS ANY PERSON TO WHOM THIS REQUEST IS PRESENTED AND HIS/HER AGENT AND EMPLOYEES, FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST. I FURTHER UNDERSTAND THAT THE SOURCES OF CONFIDENTIAL INFORMATION CANNOT BE REVEALED TO ME, AND REQUEST THAT ANYONE PRESENTED WITH A COPY OF THIS RELEASE CANDIDLY AND CONFIDENTIALLY ANSWER ANY QUESTION ASKED ABOUT ME BY A HILLSBORO POLICE DEPARTMENT REPRESENTATIVE.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature. This release shall remain valid for twelve (12) months from the date I sign it.

Applicant's Signature

Date

State of _____
County of _____

The applicant appeared before me this ____ day of _____, 20 __, and
acknowledged this release to be a voluntary act.

Notary Public

My Commission Expires on _____